

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040399

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

542

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Joplin

Length of stay in 1b

50 yrs

c. CITY
OR TOWN

Joplin

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Oak Hill Osteopathic Hosp.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
1921 Joplin St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Burton

Last

Toles

4. DATE
OF DEATH

Month

November 8

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-12-1870

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Brakeman & Conductor

10b. KIND OF BUSINESS OR INDUSTRY

Santa Fe R. R.

11. BIRTHPLACE (City and state or country)

Athens, Pennsylvania

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Revalo Burton Toles

13b. MOTHER'S MAIDEN NAME

Elizabeth -----

14. NAME OF HUSBAND OR WIFE

Ida (Brinkmann) Toles

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ida Toles, 1921 Joplin Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro-vascular failure

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Vascular sclerosis

Senile

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. Cancer of the pars media of the stomach

2. Inter-trophantic fracture of the left femur - October 1, 1963

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, -Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1 1963 to Nov. 8, 1963 and last saw him alive on Nov. 8, 1963. Death occurred at 8:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

D.O. 418 Wall, Joplin, Mo

22c. DATE SIGNED

11-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-11-1963

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park,

23d. LOCATION (City, town, or county)

Joplin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

11-11-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

60110-2111

DEC 6 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5193

P. O. Address Jaylin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.